



SUBMISSION FORM

Film Title: _____
Running Time: _____
Primary Contact: _____
Title of Contact: _____
E-mail: _____
Phone: _____

Primary Website for This Film: _____

Can your film be viewed online
(optional)?

Yes No

If so, please list URL here: _____

Is there a trailer for your film (optional)?

Yes No

Is the trailer included in this submission
packet (optional)?

Yes No

Can your trailer be viewed online
(optional)?

Yes No

If so, please list URL here: _____

Director: _____

Producer(s): _____

Director of Photography: _____

Editor: _____

Director's Contact Info:

E-mail: _____

Phone: _____

Address: _____

Production Company: _____

Producer's Contact Info:

E-mail: _____

Phone: _____

Address: _____

Additional Contact Info: (please specify)

Name: _____

Title: _____

E-mail: _____

Phone: _____

Address: _____

Please list any previous or upcoming
festival appearances, awards or other
screening venues for this film (if more
than five, please list on separate
attachment):

1. _____

2. _____

3. _____

4. _____

5. _____

Synopsis (150 words or less):

Tagline (optional):

Any other interesting facts (optional)?

RULES AND REGULATIONS

The Wet Your Pants Comedy Film Festival is dedicated to celebrating the best in filmmaking while educating and raising awareness of the dangers of Kidney Disease with the National Kidney Foundation. Festival screenings will be held on Saturday, November 21, 2009 at the Carmel Community Playhouse in Clay Terrace, 14299 Clay Terrace Blvd, Carmel, IN 46032. Payment of submission fee does not guarantee inclusion in our festival. Films are selected based on overall quality, production value and/or other factors as determined by the screening committee. Although not required for submission, inclusion of press kit materials is strongly encouraged.

Accepted films will be notified by e-mail on or around November 7th, 2009. All DVD or Mini-DV screeners are non-returnable. If accepted for screening, another copy may be requested in one of the following formats: DVD, Mini-DV or as an uncompressed Quicktime file. The exhibition committee reserves the right to rescind any screening engagement if the film is not delivered on time. By submitting your film, you are assigning non exclusive rights to WYPCFF and its affiliated sub-venues to use said film in conjunction with aforementioned event and its associated website.

ENCLOSED:

- ☐ Non-returnable VHS or DVD screening copy of film
- ☐ \$10 non-refundable submission fee (Check or money order payable to Stick Figure Pictures)
- ☐ Signed and dated submission form
- ☐ Press Kit (optional)
- ☐ Cast & Crew Listing (optional)

Please send all submissions to:
Wet Your Pants Comedy Film Festival
Attn: Submissions
P.O. Box 503264
Indianapolis, IN 46250

SCREENING RELEASE

I hereby certify that I have read and understand the complete rules and regulations of Wet Your Pants Comedy Film Festival (WYPCFF). I also certify that I am the owner of the exhibition and distribution rights of the film/video listed on page one of this submission form and, if accepted, I hereby grant WYPCFF non-exclusive permission to use said film as described in the paragraphs above. I also understand I retain full ownership of said film and can continue to enjoy and exploit said ownership in any manner whatsoever.

Signed: _____

Date: _____

Thank you for submitting your film to Wet Your Pants Comedy Film Festival!